

City Of De Pere

COMMUNI	ITY SERVICE GRANT APPLICATION	
	GROUP/INDIVIDUAL INFORMATION	
Group N	Namer	
Grant App		
Physical Add	ddress:	
Phone Nui	lumber: Alt. Phone Number:	
	Date: Program Title:	
	*	
	Instructions	
Goals shou	puld always be: $\underline{\mathbf{S}}$ – Specific $\underline{\mathbf{M}}$ – Measurable $\underline{\mathbf{A}}$ – Achievable $\underline{\mathbf{R}}$ – Realistic $\underline{\mathbf{T}}$ – Time	ne Bound
	rea below, describe your community service proposal in lieu of the follo erations:	wing
1.	 Goal/Objective. Briefly describe each goal/objective and when the goal/objective should or accomplished. 	d be met
2.	Measurement. How will the goal/objective be achieved? What benefit will citizens of the De Pere gain through this project?	city of
3.	B. Itemize all anticipated expenses. Describe all materials that will need to be purchased project and how they will relate to the overall objective. Also provide cost estimates associately with the project, not to exceed \$600.00.	
	PROJECT OUTLINE	
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Description	ion:	

Description:
2nd Goal/Objective
Description:
escription.
3rd Goal/Objective
Description:

MISCELLANEOUS INFORMATION

Deadlines: Grant application deadline is June 1 or December 1 of each year. The City Council will evaluate the proposals for selecting recipients at the 2nd Council meeting of the month of award.

All grant applications shall be submitted to the City Clerk's office on or before the grant deadline.

The following criteria will be used to evaluate each proposal:

- 1. Contribution to public safety
- 2. Contribution to community awareness
- 3. Improves community infrastructure
- 4. Creativity of proposal
- 5. Enhances the aesthetic quality of the city
- 6. Contributes to city culture or an overall sense of community

Your signature below indicates that your application, if selected, will adhere to the program as outlined above. No grant funds shall be spent in a fashion outside the scope of the aforementioned project. No grant funds may be used for alcohol, drugs, any behavior or activity which is contrary to local ordinances, state statutes, or federal law.

Signature (Group Representative):		Date:
Printed Name (Group Representative):	